

11390 CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Worcester</i>	MARYLAND	STATE <i>md</i>	COUNTY <i>Worcester</i>
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Snow Hill</i>	LENGTH OF STAY (in this place) <i>74 yrs</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Snow Hill</i>	<i>X</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		STREET ADDRESS (If rural give location) <i>1</i>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <i>Edward</i> (Middle) <i>Allen</i> (Last) <i>Allen</i>		OF DEATH: <i>Nov. 29 1965</i>	
5. SEX: <i>Male</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Married</i>	8. DATE OF BIRTH: <i>Aug. 9-1881</i>
9. AGE last birthday: <i>74 yrs.</i>		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Cardener</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>Snow Hill, md</i>	
11. BIRTHPLACE (State or foreign country): <i>md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <i>Sidney Allen</i>		14. MOTHER'S MAIDEN NAME: <i>Ellen Armstrong</i>	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVAL SERVICE? (Yes, no, or unk.) <i>Yes</i> Give war or dates of service: <i>70</i>		16. SOCIAL SECURITY NO.: <i>none</i>	
17. INFORMANT & ADDRESS: <i>Mrs. Helene Allen, Snow Hill, md</i>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <i>Toxemia</i>			<i>12 Hr.</i>
DUE TO			
ANTECEDENT CAUSE (S) (B) <i>Lobar Pneumonia</i>			<i>1 wk</i>
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Myocardial Insufficiency.</i>			<i>1 yr.</i>
19A. DATE OF OPERATION: <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 25, 1955</i> , to <i>Nov. 29, 1965</i> , that I last saw the deceased alive on <i>Nov. 28, 1955</i> , and that death occurred at <i>8:15 AM</i> , from the causes and on the date stated above.			
SIGNATURE <i>Robert L. La Mar</i>		DATE SIGNED <i>11/29/55</i>	
23. MARRIAGE, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	
<i>Dec 3/65</i>		<i>Cheney Methodist</i>	
DATE REC'D BY LOCAL REGISTRAR <i>11/30/55</i>		REGISTRAR'S SIGNATURE <i>Clayton E. Cooper</i>	
		FUNERAL DIRECTOR <i>Clayton E. Cooper</i>	
		ADDRESS <i>Snow Hill, md</i>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 20 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11391

12535

Reg. Dist.

No. 351

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Worcester</u>		MARYLAND		STATE <u>W.D.</u>		COUNTY <u>Worcester</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Snow Hill</u>		LENGTH OF STAY (In this place) <u>1</u>		CITY (If outside corporate limits write RURAL and give nearest town) <u>Snow Hill</u>		TOWN <u>Snow Hill</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED: (Type or Print)				4. DATE OF DEATH			
(First) <u>Louise</u>		(Middle) <u>A.</u>		(Last) <u>Brown</u>		(Month) (Day) (Year) <u>Nov 30 19 55</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH: <u>Dec. 15 1895</u>	9. AGE last birthday: <u>69 11/15</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Own home</u>		11. BIRTHPLACE (State or foreign country): <u>Snow Hill Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>Isaac Brown</u>				14. MOTHER'S MAIDEN NAME: <u>Russell Pettit</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>		17. INFORMANT & ADDRESS: <u>Mr. George W. Brown, 7931 Roberts Rd</u>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:				<u>Myocardial infarction</u>			
Immediate cause <u>420.1</u>		(a) DUE TO <u>Acute Coronary Occlusion</u>				minutes	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		(b) DUE TO					
(c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and find that death resulted from: Natural causes <input checked="" type="checkbox"/>, Accident <input type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.							
SIGNATURE <u>John H. LeMar</u>				CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. M. D. <input checked="" type="checkbox"/> <u>12-1-55</u>			
23. BURIAL-CREATION, REMOVAL (Specify): <u>Buried</u>		DATE THEREOF <u>Dec. 2/55</u>		NAME OF CEMETERY OR CREMATORY <u>Grace Baptist</u>		LOCATION (City, town or county) (State) <u>Snow Hill Md.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 3, 55</u>		REGISTRAR'S SIGNATURE <u>Clayton E. Cooper</u>		24. FUNERAL DIRECTOR <u>Clayton E. Cooper</u>		ADDRESS <u>Snow Hill, Md.</u>	

BUREAU V. S.

DEC 20 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11398

11398 CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>WORCESTER</u> MARYLAND				STATE <u>MD</u> COUNTY <u>WORCESTER</u>			
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) <u>OCEAN CITY</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>OCEAN CITY</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Baltimore Ave</u>				STREET ADDRESS (If rural give location) <u>BALTIMORE AVE</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>SAVANNAH DENNIS CAREY</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>NOV 8 1955</u>			
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>WIDOW</u>	8. DATE OF BIRTH: <u>AUG 15 1883</u>	9. AGE last birthday: <u>72 yrs.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOTEL MANAGER</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>OWN HOTEL</u>		11. BIRTHPLACE (State or foreign country): <u>NEWARK MD</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME: <u>REVERDY J. DENNIS</u>				14. MOTHER'S MAIDEN NAME: <u>ELLA E. PHILLIPS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT & ADDRESS: <u>MR. EDW. LEE CAREY, OCEAN CITY, MD</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH:	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>420.1</u> <u>CORONARY OCCLUSION MASSIVE</u>						<u>10 minutes</u>	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Arterio sclerotic cvd</u>						<u>84 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Obesity</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 7, 1955</u> , to <u>Nov 8, 1955</u> , that I last saw the deceased alive on <u>Nov 7, 1955</u> , and that death occurred at <u>1:05</u> M, from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		ADDRESS <u>Ocean City, MD</u>		DATE SIGNED <u>Nov 10, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>11/10/55</u>		NAME OF CEMETERY OR CREMATORY <u>ST. PAULS</u>		LOCATION (City, town, or county) (State) <u>BERLIN MD</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11-12-55</u>		REGISTRAR'S SIGNATURE <u>Helen F Hayward</u>		24. FUNERAL DIRECTOR <u>Anna A. Burboze</u>		ADDRESS <u>Berlin Md</u>	

RECEIVED

Mr. E. J. Connelley
Nov 16 1955

Mr. E. J. Connelley
Nov 16 1955
Mr. E. J. Connelley
Nov 16 1955

Colonel Connelley
(Letter to Mr. Connelley)

Copy

BUREAU V. 3

NOV 16 1955

RECEIVED

Nov 16 1955
10/10/55

11393 CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Worcester</i>		MARYLAND		STATE <i>Maryland</i> COUNTY <i>Worcester</i>			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Whaleyville</i>		LENGTH OF STAY (in this place) <i>20 yrs.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Whaleyville Md</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) <i>Ida</i> (Middle) <i>Morganett</i> (Last) <i>Cross</i>				4. DATE (Month) (Day) (Year) OF DEATH: <i>Nov. 10 1955</i>			
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Widow</i>		8. DATE OF BIRTH: <i>Jan 15 1872</i>	
				9. AGE last birthday: <i>83</i> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housework</i>				10B. KIND OF BUSINESS OR INDUSTRY: <i>Own home</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY: <i>U.S.A.</i>							
13. FATHER'S NAME: <i>Kingdy Williams</i>				14. MOTHER'S MAIDEN NAME: <i>Cordelia Hamblin</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): <i>—</i> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT'S ADDRESS: <i>Mrs Chas. Clark Accon City Md.</i>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <i>Coronary Artery Disease</i>							
ANTECEDENT CAUSE (B) <i>Chronic Cardiac Failure</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Atherosclerosis & Hypertension</i>							
19. INTERVAL BETWEEN ONSET AND DEATH: <i>2 mos.</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <i>0</i>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21C. WHERE DID (City or town) (County) (State)				21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov.</i> , 19 <i>53</i> , to <i>Nov.</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>Nov.</i> , 19 <i>55</i> , and that death occurred at <i>Nov.</i> , 19 <i>55</i> , M, from the causes and on the date stated above.							
SIGNATURE <i>Robert A. Grubb MD</i>				ADDRESS <i>Berlin, Md.</i>			
DATE SIGNED <i>11/12/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>				DATE THEREOF <i>11/13/55</i>			
NAME OF CEMETERY OR CREMATORY <i>Alennis</i>				LOCATION (City, town, or county) (State) <i>Whaleyville Md.</i>			
DATE REC'D BY LOCAL REGISTRAR <i>11-13-55</i>				REGISTRAR'S SIGNATURE <i>Helen F. Hayward</i>			
24. FUNERAL DIRECTOR'S SIGNATURE <i>Peter Whaley Selbyville</i>				ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.
NOV 16 1955

RECEIVED

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

1 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11394 **CERTIFICATE OF DEATH**

12539

Reg. Dist. No. **351**

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Worcester		MARYLAND		STATE Maryland		COUNTY Worcester	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Snow Hill		Most of life		TOWN Snow Hill			
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Snow Hill				STREET ADDRESS (If rural give location) Rural			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) William (Middle) Edward (Last) Ewell				(Month) 11 (Day) 12 (Year) 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	A.A.	Widowed	9-27-1898	57 yrs.	Months 1	Days 15	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Horntown, Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Taylor				14. MOTHER'S MAIDEN NAME Mary Ewell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No		17. INFORMANT & ADDRESS Marvin Ewell, 125 First St. Salis. Md.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
199.7 IMMEDIATE CAUSE (A) Carcinoma of liver &							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (B) peritonium				unknown			
STATING UNDERLYING CAUSE LAST, (C) Primary source unknown							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 10/15/55		19b. MAJOR FINDINGS OF OPERATION Widespread abdominal malignancy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While et work <input type="checkbox"/> Not while et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/1/55, 19, to 11/12/55, 19, that I last saw the deceased alive on 11/12/55, 19, and that death occurred at M, from the causes and on the date stated above.							
SIGNATURE Paul Owen M.D.				ADDRESS (Street, city, town, state) Snow Hill Md		DATE SIGNED 11/14/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11-16-55		NAME OF CEMETERY OR CREMATORY Hutt's Chapel Cemetery		LOCATION (City, town, or county) (State) Snow Hill, Worcester Co. Md.	
24. REC'D BY REGISTRAR Nov. 14, 1955		REGISTRAR'S SIGNATURE Elaine B. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE Street Funeral Home		ADDRESS 334 E. Church	
DATE						3415 Broadway Md.	

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BUREAU V. S.

DEC 20 1955

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11400

11389
CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Worcester</u>	MARYLAND	STATE <u>Md</u>	COUNTY <u>Worcester</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke</u>	LENGTH OF STAY (in this place) <u>40 years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke City Md</u>	OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>436 Bank St</u>		STREET ADDRESS (If rural, give location) <u>436 Bank St</u>	
3. NAME OF DECEASED: (Type or Print) <u>Celia</u> (First) <u>Jusher</u> (Middle) <u></u> (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <u>11-13-1955</u>	
5. SEX: <u>♀</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH: <u>May 30-1896</u>
9. AGE last birthday <u>59</u> yrs.		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife at home</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u></u>	
11. BIRTHPLACE (State or foreign country): <u>Pa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Calvin Evans</u>		14. MOTHER'S MAIDEN NAME: <u>Laura Justice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or M.K.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT & ADDRESS: <u>Else Gandy daughter</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <u>450.1</u>		<u>6 weeks</u>	
ANTECEDENT CAUSE (S) (A) <u>Gangrene of foot</u>		<u>D.K.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Arteriosclerosis</u>			
(C) <u>Hypertension</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hypertension</u>			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 13</u> , 19 <u>55</u> , to <u>Nov 13</u> , 19 <u>55</u> that I last saw the deceased alive <u>Nov 2</u> , 19 <u>55</u> and that death occurred at <u>9 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>M. E. Sartorius</u>		ADDRESS <u>Pocomoke City Md</u> DATE SIGNED <u>11/15/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11-17-55</u>	
NAME OF CEMETERY OR CREMATORY <u>Halls Hill</u>		LOCATION (City, town, or county) (State) <u>Pocomoke, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov 16, 1955</u>		REGISTRAR'S SIGNATURE <u>Anne E. White</u>	
24. FUNERAL DIRECTOR <u>Edgar Wharton</u>		ADDRESS <u>New Church, Va.</u>	

RECEIVED

NOV 18 1955

BUREAU V. B.

11395

12541

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 351

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Worcester</u>	MARYLAND	STATE <u>Md</u>	COUNTY <u>Worcester</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
TOWN <u>Snow Hill</u>	<u>26 yrs</u>	TOWN <u>Snow Hill</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
<u>Libbie (First) Mae (Middle) Harmon (Last)</u>		<u>11 26 1955</u>	
5. SEX: <u>2</u>	6. COLOR OR RACE: <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>4/7/1929</u>
9. AGE last birthday: <u>26</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>Snow Hill Md</u>	
11. CITIZEN OF WHAT COUNTRY: <u>USA</u>		12. CITIZEN OF WHAT COUNTRY: <u>USA</u>	
13. FATHER'S NAME: <u>Henry Dale</u>		14. MOTHER'S MAIDEN NAME: <u>Edna Harmon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>(?)</u>	
17. INFORMANT & ADDRESS: <u>Edna Baine - Snow Hill, Md</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Broken neck - also other injuries</u>			<u>minutes</u>
Antecedent cause(s) (b) <u>Auto-accident</u>			
Diseases or conditions, if any, giving rise to the above cause (c) <u>"Drunk" driver</u>			
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: <input type="checkbox"/>		21b. PLACE (Home, farm, factory, street, office, etc.) OF INJURY: <u>4 1/2 miles S of Snow Hill, Md</u>	
21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: <u>11-26-55 1:15 AM</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR: <u>While out driving</u>			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>N. E. Sartorius</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>11/27/55</u>	
		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
		ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Removed</u>		DATE THEREOF: <u>10/29/55</u>	
NAME OF CEMETERY OR CREMATORY: <u>Wm. W. W. W.</u>		LOCATION (City, town, or county) (State): <u>Snow Hill, Md</u>	
DATE RECD BY LOCAL REG. <u>11/30/55</u>		REGISTRAR'S SIGNATURE: <u>Edna Baine</u>	
		ST. FUNERAL DIRECTOR: <u>Wm. W. W.</u>	
		ADDRESS: <u>Snow Hill, Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

DEC 20 1955

RECEIVED

11396 CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Montgomery</i>		MARYLAND		STATE <i>md</i>		COUNTY <i>Montgomery</i>	
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Snow Hill</i>		LENGTH OF STAY (in this place) <i>93 yrs</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Snow Hill</i>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>10</i>				STREET ADDRESS (If rural give location) <i>1</i>			
3. NAME OF DECEASED: (First) (Middle) (Last) <i>Winona C. Harris</i>				4. DATE (Month) (Day) (Year) OF DEATH: <i>7/11/05</i>			
5. SEX: <i>Female</i>		6. COLOR OR RACE: <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Widowed</i>		8. DATE OF BIRTH: <i>May 6, - 1860</i>	
9. AGE last birthday <i>45</i>		10. AGE last birthday <i>45</i>		11. BIRTHPLACE (State or foreign country): <i>md</i>		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housewife</i>				10B. KIND OF BUSINESS OR INDUSTRY: <i>Home</i>			
13. FATHER'S NAME: <i>Williams O. Gandy Sr.</i>				14. MOTHER'S MAIDEN NAME: <i>Mary Porter</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <i>None</i>				17. INFORMANT & ADDRESS: <i>Mrs. Margaret G. Gandy, Snow Hill, md</i>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
443X IMMEDIATE CAUSE (A) <i>Hypertensive Cardio-Vascular Disease</i>							
ANTECEDENT CAUSE (S) (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) DUE TO							
STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <i>0</i>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7/20</i> , 19 <i>55</i> , to <i>11/15</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>11/15</i> , 19 <i>55</i> , and that death occurred at <i>4:30</i> PM, from the causes and on the date stated above.							
SIGNATURE <i>Thomas L. Jony, M.D.</i>				ADDRESS <i>Snow Hill, Md.</i>		DATE SIGNED <i>11/7/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>7/11/05</i>		<i>Whitaker Methodist</i>		<i>Snow Hill, md</i>	
DATE RECD BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
<i>Nov. 7, '55</i>		<i>Glenn C. Cooper</i>		<i>Wiley C. Thomas</i>		<i>Snow Hill, md</i>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

RECEIVED

NOV 15 1955

BUREAU V. S.

11397

CERTIFICATE OF DEATH

11402

Reg. Dist. No. 350

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Worcester</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Worcester</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RURAL - Pocomoke</u>		<u>10 years</u>		TOWN <u>RURAL - Pocomoke City</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>08</u> <u>RFD #1</u>				<u>RFD #1</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First)		(Middle)		(Last)			
<u>Florence</u>				<u>Lankford</u>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<u>Female</u>		<u>Colored</u>		<u>Widowed</u>		<u>August 23, 1898</u>	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<u>57 yrs.</u>		Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Own home</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Corbin</u>				<u>Atline Bevans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Joe Lankford</u> <u>RFD #1, Pocomoke City, Md.</u>			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>541.0</u> IMMEDIATE CAUSE (A) <u>Hemorrhage (Intestinal)</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Peptic Ulcer (Probably)</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>Refused hospitalization</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<u>Nov 13 '55</u>		<u>AM</u>					
22. I hereby certify that I attended the deceased from <u>Nov 13</u>, 19<u>55</u>, to <u>Nov 23</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Nov 23</u>, 19<u>55</u>, and that death occurred at <u>2:30</u> AM, from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Give city, town, state)		DATE SIGNED			
<u>N. E. Santomas</u>		<u>Pocomoke City Md</u>		<u>11/27/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov. 30, 1955</u>		<u>Hutts Chapel</u>		<u>Snow Hill, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>11/30/55</u>		<u>Anne E. White</u>		<u>Henry H. Watson</u>		<u>Pocomoke, Maryland</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

RECEIVED

DEC 5 1955

BUREAU V. S.

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

1105

1. Name of deceased
2. Sex
3. Date of birth
4. Place of birth
5. Date of death
6. Place of death
7. Cause of death
8. Manner of death
9. Signature of physician
10. Signature of registrar
11. Date of registration
12. Place of registration
13. Name of registrar
14. Signature of registrar
15. Date of registration
16. Place of registration
17. Name of registrar
18. Signature of registrar
19. Date of registration
20. Place of registration
21. Name of registrar
22. Signature of registrar
23. Date of registration
24. Place of registration
25. Name of registrar
26. Signature of registrar
27. Date of registration
28. Place of registration
29. Name of registrar
30. Signature of registrar
31. Date of registration
32. Place of registration
33. Name of registrar
34. Signature of registrar
35. Date of registration
36. Place of registration
37. Name of registrar
38. Signature of registrar
39. Date of registration
40. Place of registration
41. Name of registrar
42. Signature of registrar
43. Date of registration
44. Place of registration
45. Name of registrar
46. Signature of registrar
47. Date of registration
48. Place of registration
49. Name of registrar
50. Signature of registrar
51. Date of registration
52. Place of registration
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56. Place of registration
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87. Date of registration
88. Place of registration
89. Name of registrar
90. Signature of registrar
91. Date of registration
92. Place of registration
93. Name of registrar
94. Signature of registrar
95. Date of registration
96. Place of registration
97. Name of registrar
98. Signature of registrar
99. Date of registration
100. Place of registration

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12543

11398 **CERTIFICATE OF DEATH**Reg. Dist. No. 357

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Worcester</u>		MARYLAND		STATE <u>Virginia</u>		COUNTY <u>Accomack</u>	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Snow Hill</u>		LENGTH OF STAY (In this place) <u>4 hours</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>New Church</u>		<u>83X-3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) <u>Goldsborough</u> (First) <u>Lescealette</u> (Middle) <u>Lescealette</u> (Last)				4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>29</u> (Year) <u>19 55</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 27, 1877</u>	9. AGE last birthday <u>78</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry W. Lescealette</u>				14. MOTHER'S MAIDEN NAME <u>Mary Powell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>225-14-3076</u>		17. INFORMANT & ADDRESS <u>Mrs Lena V. Lescealette</u> <u>New Church, Virginia</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>442X</u> IMMEDIATE CAUSE (A) <u>Cerebral Accident</u>						<u>5 minutes</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Cardio vascular hypertension</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>renal disease</u>						<u>unknown</u>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 22, 1955</u> to <u>Nov 29, 1955</u> , that I last saw the deceased alive on <u>Nov 24, 1955</u> , and that death occurred at <u>7:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Paul Owen</u>		M.D.		ADDRESS (Street, city, town, state) <u>Snow Hill Md</u>		DATE SIGNED <u>11/30/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec 1, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Groton Cemetery</u>		LOCATION (City, town, or county) (State) <u>Groton Virginia</u>	
24. REC'D BY REGISTRAR DATE <u>Dec 5, 55</u>		REGISTRAR'S SIGNATURE <u>Chas E. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry H. Watson</u>		ADDRESS <u>Pocomoke City, Md.</u>	

1902 CERTIFICATE OF DEATH

Form No. 10

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX
4. AGE
5. OCCUPATION
6. CAUSE OF DEATH

7. MANNER OF DEATH
8. PLACE OF BIRTH

9. DATE OF DEATH
10. TIME OF DEATH

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF WITNESS

14. SIGNATURE OF DECEASED

15. SIGNATURE OF NEXT OF KIN

16. SIGNATURE OF CLERGYMAN

17. SIGNATURE OF BURIAL OFFICER

18. SIGNATURE OF INTERVIEWER

19. SIGNATURE OF CORONER

20. SIGNATURE OF JURY

21. SIGNATURE OF JUDGE

22. SIGNATURE OF SHERIFF

23. SIGNATURE OF CLERK

24. SIGNATURE OF DEPUTY CLERK

25. SIGNATURE OF ASSISTANT CLERK

26. SIGNATURE OF RECORDS CLERK

27. SIGNATURE OF CHIEF CLERK

28. SIGNATURE OF DEPUTY CHIEF CLERK

29. SIGNATURE OF ASSISTANT DEPUTY CHIEF CLERK

30. SIGNATURE OF CLERK IN CHARGE

31. SIGNATURE OF DEPUTY CLERK IN CHARGE

32. SIGNATURE OF CLERK IN CHARGE

33. SIGNATURE OF DEPUTY CLERK IN CHARGE

34. SIGNATURE OF CLERK IN CHARGE

RECEIVED

BUREAU V. S.

1955

RECEIVED

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 115C 1-55 10M

12568

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11403

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Worcester</i>		MARYLAND		STATE <i>MD.</i>		COUNTY <i>Worcester</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>X Bishop</i>		LENGTH OF STAY (in this place) <i>Life</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Bishop</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>				STREET ADDRESS (If rural give location) <i>rural</i>			
3. NAME OF DECEASED (First) (Middle) (Last) <i>Anna Parker Quillen</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 18 1955</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 10, 1892</i>	9. AGE last birthday <i>63</i> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own farm</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Quillen</i>				14. MOTHER'S MAIDEN NAME <i>Marissa Jones</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT & ADDRESS <i>Menie Quillen</i>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 IMMEDIATE CAUSE (A) <i>Coronary Thrombosis, sec</i>						<i>minutes</i>	
ANTECEDENT CAUSE(S) DUE TO (B) <i>Coronary sclerosis & Coronary Heart Disease</i>						<i>5 yrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <i>Atherosclerosis generalized</i>						<i>5 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>obesity</i>						<i>15 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 19 <i>47</i> , to <i>Nov 18</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>Nov 17</i> , 19 <i>55</i> , and that death occurred at <i>8:45 PM</i> , from the causes and on the date stated above.							
SIGNATURE <i>Harward Robbin</i> M.D.				ADDRESS (Street, city, town, state) <i>Berlin, Md</i>		DATE SIGNED <i>Nov 18, 55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Buried</i>		DATE THEREOF <i>11/21/55</i>		NAME OF CEMETERY OR CREMATORY <i>Red Men's</i>		LOCATION (City, town, or county) (State) <i>Deelbyville, Md</i>	
24. REC'D BY REGISTRAR DATE <i>11/19/55</i>		REGISTRAR'S SIGNATURE <i>Helen F Hayward</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Harry H. Watson</i>		ADDRESS <i>Pocomoke, Md</i>	

1935

CERTIFICATE OF DEATH

Reg. Dist. No.

1. Name of deceased

2. Sex

3. Race

4. Date of birth

5. Place of birth

6. Usual residence

7. Cause of death

8. Duration of illness

9. Date of death

10. Place of death

11. Signature of physician

12. Signature of registrar

13. Signature of informant

14. Signature of witness

15. Signature of funeral director

16. Signature of undertaker

17. Signature of cemetery

18. Signature of burial place

19. Signature of interment

20. Signature of record

21. Signature of certificate

22. Signature of death

23. Signature of burial

24. Signature of interment

25. Signature of record

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